

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

PIEDMONT GERIATRIC HOSPITAL

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INSPECTOR GENERAL

OIG REPORT # 58-02

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Piedmont Geriatric Hospital in Burkeville, Virginia during March 25, 2002. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three quality of care areas. The areas are as follows: the general conditions of the facility, staffing patterns and concerns and the activity of patients.

Piedmont Geriatric Hospital is the only facility solely dedicated to serving persons with serious mental illness over the age of sixty-five. Currently, the operating census for this facility is 135.

Overall, the facility was clean and well maintained. Staffing patterns were adequate, however the facility continues to seek to increase RN staff in order to have adequate coverage during the evening and night shifts. Patients are provided with a variety of activities, appropriate to their level of functioning and cognitive abilities.

Facility: Piedmont Geriatric Hospital
Burkeville, Virginia

Date: March 25, 2002

Type of Inspection: Snapshot Inspection / Unannounced

Reviewers: Cathy Hill, M.Ed.
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Laura Stewart, LCSW
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Purpose of the Inspection: To conduct an inspection of the general environmental conditions, staffing patterns and activities of the patients.

Sources of Information: Interviews were conducted with clinical, direct care staff and patients. Documentation reviews, included but was not limited to; patient(s) clinical records, medication records, staff schedule sheets, program descriptions and activity/program schedules. Activities and staff/patient interactions were observed during a tour of selected residential areas in the facility.

GENERAL ENVIRONMENTAL ISSUES

Finding 1.1: Overall, the facility was clean and well maintained but institutional in appearance.

Background: During this inspection, the team toured the five residential units during the day and evening shifts. This also included a tour of the dining areas, psychosocial program spaces, and the patient lounges/sitting areas. Overall, there is a noticeable effort to make this institutional environment more home-like and comfortable. Patient rooms contained personal effects, such as photographs, quilts, stuffed animals and furniture. The hallways were decorated with a colorful border and posters. Bathrooms and dining areas were clean and free of odors. The sitting areas were decorated with curtains, plants, pictures and upholstered, comfortable furniture.

It was also noted that the disabilities of residents have been taken into account in the environmental engineering of these spaces. For example, hallway markers indicate number of feet to encourage exercise, and bright red symbols are placed near entrances to assist a visually impaired resident ambulate independently.

In 2 East, the team noted that a latex glove was lying on the windowsill in the men's bathroom.

Recommendation: Continue to provide a well-maintained environment while exploring new ways to adapt the facility for this population. Observe safety precautions with the proper disposal of gloves.

Finding 1.2 Renovations are underway with little disruption to patients and services.

Background: The facility is currently undergoing a renovation of the fire escapes. The OIG team noticed no environmental disruption due to this construction. Interviews with supervisory staff revealed that this recently funded project is an effort to comply with JCAHO safety standards. This is slated for completion in September 2002.

Recommendation: Continue to minimize any disruption to patients and services during the renovation project.

STAFFING ISSUES

Finding 2.1: Staffing patterns were minimally adequate.

Background: Observation of the staffing complement on the Monday day and evening shift during the inspection was that it was adequate. Although for these shifts observed there was one RN per ward, based on the number of patients per treatment unit which is much greater than other mental health facilities, the ratios of patient to RN is less favorable than at other mental health facilities in the Commonwealth.

Observed staffing patterns were as follows:

Ground West (evening shift) 29 patients to 5 aides, 2 LPN and 1 RN

Unit 1 West (evening shift) 33 patients to 6 direct care and 1 RN

Unit 2 East (evening shift) 15 patients to 2 aides, 1 LPN and 1 RN

Unit 2 West (day shift) 29 patients to 11 direct care and 1 RN

Unit 3 West (day shift) 29 patients to 13 direct care and 1 RN

According to administrative staff, this staffing ratio is typical for this facility.

Recommendation: Enhance staffing ratios so that there is more access to RN staff per patient.

Finding 2.2: Nursing coverage during the evening and night shifts does not provide for 1 RN per unit.

Background: The staffing patterns noted during the tour and interviews with administrative staff indicated that the facility continues in its efforts to recruit and retain nursing staff for these shifts. The facility has requested additional funds for the purpose of being able to secure these positions. Interviews with nine direct care workers revealed that access to RNs and/or medical personnel was within five minutes in the event of an emergency during the days and weekends. Although it was reported that access to an RN remained within this same timeframe during the evening shifts, it varied with physician coverage during the weekday evening shifts after 5:00 pm as the physicians are on-call and not on-site. This facility serves a population that often has significant medical issues in conjunction with their serious mental illness. On-going assessments by persons

appropriately trained at a registered nurses level, are critical for being able to address the often-changing medical needs of the geriatric population.

Recommendation: Continue to pursue the hiring of these positions for the well being of these often medically complicated and fragile patients.

ACTIVITY OF PATIENTS

Finding 3.1: This facility assures that residents are engaged in active treatment and other learning opportunities.

Background: As noted in previous OIG reports, this facility has a well-established psychosocial programs specialized to meet the needs of the geriatric population. During this inspection, it was further observed that staff carries over these active treatment initiatives into the evening. Interviews with nursing staff revealed that one of their functions during the evening shift is to coordinate activities such as arts and crafts, current events discussion groups, and games. One unit was noted to conduct a community meeting prior to the dinner hour, which provides for patients to address issues or concerns common to the unit. Record reviews (9 active and 4 discharge records) reflected efforts at tailoring activities to the active treatment needs of the resident. For example, one record noted the importance of engaging the patient in music therapy but also identified ways of manipulating the environment in order to also address the patients needs for lower stimulation.

Recommendation: Continue to provide meaningful and engaging activities.

Finding 3.2: Linkages between active treatment, barriers to discharge and the treatment planning process was evident in records reviewed.

Background: During the inspection the team reviewed a total of 13 records. In all of them, there was clear documentation of the individualized treatment process for each patient. The team was able to note the linkages between the initial and ongoing assessments, barriers to discharge, and active treatment programming. Monthly summaries from various disciplines were reflective of the treatment team process.

Recommendation: Consider the active sharing of this process with other facilities serving segments of the geriatric population.